

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011910

STATE FILE NUMBER

FILED APR 6 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

782

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Lemay				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Rich N. Home				Length of stay in lb 3 Yrs.		d. STREET ADDRESS (If outside, give location) 6707 Arthur Ave.	
3. NAME OF DECEASED (Type or print) First FREDERICK Middle S. Last WOLPERT				4. DATE OF DEATH Month March Day 21 Year 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-11-1875		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Worker		10b. KIND OF BUSINESS OR INDUSTRY Merchandising		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick C. Wolpert				13b. MOTHER'S MAIDEN NAME Virginia Mars		14. NAME OF HUSBAND OR WIFE Nellie Curley Wolpert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-07-9767		17. INFORMANT Mrs. Helen Brockmiller,		Address above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio Sclerotic heart disease DUE TO (c) arterio Sclerotic 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Splenic Anemia (?)						INTERVAL BETWEEN ONSET AND DEATH 1.5 AM 40 Mi 3 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 12 a.m. PM Month, Day, Year 3/21/59							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo. STATE	
21. I attended the deceased from Dec 1 1955 to March 21 1959 and last saw her alive on March 21 1959 Death occurred at 12:45 PM 3/21/59 12:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Max Tarkoff (Degree or title) MD				22b. ADDRESS 512 Dover Pl St. Louis, Mo.		22c. DATE SIGNED 3-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-59		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. 3-23-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

J. Allen Davis Jr.
Licensed Embalmer No. *4053*
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.